



This form contains your diagnosis.

ZAMANI, FARHAD (M.D.)
975 Sereno Drive
Vallejo CA 94589-2441
707-651-1000

Patient Name: Casillas, William M

Patient MRN: [REDACTED]

Encounter Date: 12/7/2017

Please see below for this health care provider's directives and information relating to this encounter.

Industrial Work Status Report

Date of Injury: 12/6/2017

Claim #:

Next Appointment Date:

DIAGNOSIS: ELECTROCUTION, INIT, CAUSE OF INJURY, INDUSTRIAL ACCIDENT, INIT
Reason for Off Work: Verification of Treatment

Off Work

This patient is placed off work from 12/6/2017 through 12/7/2017

Full Duty:

The patient was evaluated and deemed able to return to work at full capacity on 12/8/2017

This form has been electronically signed and authorized by ZAMANI, FARHAD (M.D.)

This form contains your private information that you may choose to release to another party, therefore please review for accuracy.



WORMUTH, SEAN (M.D.)
975 Sereno Drive
Vallejo CA 94589-2441
707-651-1000

Patient Name: Casillas, William M
Encounter Date: 12/7/2017

Please see below for this health care provider's directives and information relating to this encounter.

Work Status Report

Date onset of condition:
Next Appointment Date:

Modified Activity (Applies to work and home)

This patient is placed on modified activity at work and at home from 12/7/2017 through 12/9/2017.

If modified activity is not accommodated by the employer then this patient is considered temporarily and totally disabled from their regular work for the designated time and a separate off work order is not required.

This patient's activity is modified as follows:

- Stand: Intermittently (up to 50% of shift).
- Walk: Intermittently (up to 50% of shift).
- Bend at the waist: Occasionally (up to 25% of shift).
- Torso/spine twist: Occasionally (up to 25% of shift).
- Climb ladders: Not at all.
- Use of scaffolds/work at height: Not at all.
- Lift/carry/push/pull no more than 20 pounds.

This form has been authorized by WORMUTH, SEAN (M.D.)

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